

SERFF Tracking Number:	AULD-125714390	State:	Arkansas
Filing Company:	American United Life Insurance Company	State Tracking Number:	39453
Company Tracking Number:	LR-207		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Children's Insurance Benefit Rider		
Project Name/Number:	Children's Insurance Benefit Rider/LR-207		

Filing at a Glance

Company: American United Life Insurance Company

Product Name: Children's Insurance Benefit Rider SERFF Tr Num: AULD-125714390 State: ArkansasLH

TOI: L08 Life - Other	SERFF Status: Closed	State Tr Num: 39453
Sub-TOI: L08.000 Life - Other	Co Tr Num: LR-207	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Author: Angela Riggles	Disposition Date: 06/30/2008
	Date Submitted: 06/27/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: Children's Insurance Benefit Rider	Status of Filing in Domicile: Pending
Project Number: LR-207	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 06/30/2008	
State Status Changed: 06/30/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Enclosed for your review and approval is our Children's Insurance Benefit Rider, form LR-207. This rider replaces form LR-114, which was approved in your state on May 25, 1988. Form LR-207 reflects the new 2001 Commissioners' Standard Ordinary (CSO) Table in the Paid-Up Term Insurance On Death of Insured section.

Form LR-207 provides coverage on the children of the insured. Each unit of this rider provides \$1,000 of level term insurance on each insured child until the earlier of the insured child's 22nd birthday or the insured's 65th birthday. If the insured dies while the rider is in force, the term insurance on each insured child becomes paid-up.

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This rider will be used with our whole life policy, L-59, approved in your state on September 29, 2006, and our term product, T2000, approved in your state on February 22, 2000, and may be used with other life products as they become available.

We reserve the right to make any typographical corrections, or make minor revisions to the appearance of the forms due to printing constraints.

Thank you for your assistance with this filing.

Company and Contact

Filing Contact Information

Angie Riggles, Product Analyst	angela.riggles@oneamerica.com
One American Square	(317) 285-4371 [Phone]
Indianapolis, IN 46206-7127	(317) 285-1297[FAX]

Filing Company Information

American United Life Insurance Company	CoCode: 60895	State of Domicile: Indiana
One American Square	Group Code: 619	Company Type:
P.O. Box 7127		
Indianapolis, IN 46206	Group Name:	State ID Number:
(877) 285-7660 ext. [Phone]	FEIN Number: 35-0145825	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$35.00
Retaliatory?	Yes
Fee Explanation:	\$35x1 rider (Indiana fee)
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American United Life Insurance Company	\$35.00	06/27/2008	21125440

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/30/2008	06/30/2008

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Disposition

Disposition Date: 06/30/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	actuarial memorandum		No
Form	Children's Insurance Benefit Rider		Yes

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Form Schedule

Lead Form Number: LR-207

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LR-207	Policy/Cont	Children's Insurance ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50	LR-207 Children's Insurance Benefit Rider.pdf

American United Life Insurance Company®
[One American Square
Indianapolis, IN 46206]

CHILDREN'S INSURANCE BENEFIT RIDER

This rider is a part of the policy to which it is attached. The Issue Date/Contract Date of this rider is the same as the Issue Date/Contract Date of the policy unless otherwise stated on the Policy Data Page/Schedule of Benefits Page. The rider's provisions shall control when there is a conflict between this rider and the policy.

Definitions

Insured - As used in this rider, the Insured is the same as the Insured for the policy.

Insured Child - Insured Child means each child, stepchild, or legally adopted child of the Insured who is older than 14 days and is either:

1. Named in the application and under age 18 on the date of application for this rider; or
2. After the date of application, born of the Insured or legally adopted by the Insured before the Insured Child's 18th birthday and upon Proper Notice received at our home office.

Benefit

We will pay to the beneficiary the amount of insurance provided by this rider upon receipt of proof of the death of an Insured Child. Proof will consist of a certified copy of the death certificate, or other lawful evidence providing equivalent information. An Insured Child's death must occur while this rider is in force. The number of units of insurance for this rider is shown on the Policy Data Page/Schedule of Benefits Page of your policy. The amount of term insurance per unit on each Insured Child is \$1,000 (\$500 before 6 months of age), with the expiry date being on the earlier of:

1. The Insured Child's 22nd birthday; or
2. The Policy Anniversary nearest the Insured's 65th birthday.

Nonforfeiture Values

Unless this rider is in force as Paid-Up Term Insurance, this rider does not have a cash surrender value. This rider does not have a loan value.

Paid-Up Term Insurance On Death of Insured

If the Insured dies while this rider is in force, the term insurance on each Insured Child will become fully paid-up. Insurance coverage provided by the paid-up term insurance on each Insured Child expires upon the Insured Child's 22nd birthday. The paid-up term insurance may be surrendered for its cash value while an Insured Child is living. The cash value will be equal to the net single premium for this insurance on the date of surrender. A cash value within 30 days after a Policy Anniversary will not be less than the cash value on that Policy Anniversary. Net single premiums are based on the Commissioner's 2001 Standard Ordinary Mortality Table with interest at 4% per year and continuous functions. A table of cash values will be furnished by us upon request.

Beneficiary

A beneficiary for the insurance payable on the death of each Insured Child may be named or changed as provided in the policy. If no beneficiary is specifically named, the beneficiary is the Insured, if living; otherwise the beneficiary is the estate of the Insured Child.

Owner

The Owner of the policy is the Owner of this rider. Upon the Owner's death, each Insured Child will be the Owner of any insurance on his or her own life unless otherwise specified in the policy.

Conversion Option

The term insurance on each Insured Child may be converted on its expiry date to a new policy on the same life. The new policy will be issued without evidence of insurability subject to the following conditions:

1. We must receive a written application for the new policy and receive payment of the first premium during the 90 days immediately preceding the date the term insurance expires.
2. The new policy will take effect when the insurance provided by this rider expires.
3. The new policy may be issued for not less than the amount of this rider's insurance expiring on the Insured Child and may be issued with a maximum of five (5) times this rider's insurance on the Insured Child.
4. Any plan of insurance (except term insurance) offered by us on the Policy Date of the new policy may be selected.
5. The new policy will be issued at the Insured Child's attained age and at the rates in effect on the new policy's Policy Date.
6. A disability waiver rider and a guaranteed insurability rider may be attached to the new policy without evidence of insurability. A disability benefit in the new policy will apply only if the total disability begins after its Policy Date. The amount of the guaranteed insurability rider may not exceed the amount of expiring rider's insurance. The inclusion of any other riders in the new policy will be subject to our consent and satisfactory evidence of insurability for such benefits.
7. The suicide and contestable periods of the new policy will not start anew but will be measured from the Issue Date/Contract Date of this rider.

Incontestability

This rider will not be contested as to the insurance provided on the life of any Insured Child named on the application for this rider after it has been in force during the lifetime of that Insured Child for two (2) years from the Issue Date/Contract Date of this rider, except for non-payment of premium or fraud when permitted by applicable law in the state where the policy is delivered or issued for delivery. If a child is added to this rider at a later date, the rider will not be contested as to the insurance provided on the life of that Insured Child after two (2) years from the effective date of coverage.

Suicide

If the Insured Child commits suicide, while sane or insane, within two (2) years from the Issue Date/Contract Date of this rider, the amount payable by us under this rider will be limited to the premiums paid for this rider. The insurance provided by this rider for that Insured Child will terminate without value when that death occurs.

Premiums

The premium for this rider is payable as part of each premium on the policy in the amount and for the number of years shown in your policy or until the prior termination of this rider.

Reinstatement

This rider may be reinstated if the policy to which it is attached is reinstated. To reinstate this rider, We require evidence of each Insured Child's insurability that meets our standards. The Incontestability provision will apply for two (2) years from the date the rider is reinstated with regard to statements made in the application for reinstatement.

Termination

This rider will terminate on the earliest of the following dates:

1. The expiry date of this rider as shown on the Policy Data Page/Schedule of Benefits Page of your policy.
2. Upon nonpayment of the premium for this rider;
3. The date the policy is terminated, surrendered for cash, or continued as paid-up or extended term insurance;
4. The date requested in writing by the Owner.

Signed for American United Life Insurance Company® by,

[]
Secretary

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Rate Information

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

06/27/2008

Comments:

Attachments:

Flesch Certification.pdf
AR filing certificate.pdf
ARactcert.pdf

CERTIFICATE OF READABILITY

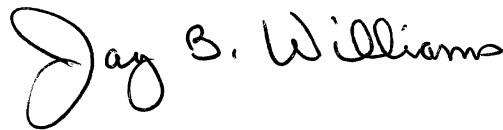
I, Jay B. Williams, Vice President of American United Life Insurance Company, hereby certify that the following form(s) have the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet the reading ease requirements of your state.

FORM(S)

READABILITY SCORE

LR-207

50

A handwritten signature in black ink that reads "Jay B. Williams". The signature is written in a cursive style with a large, stylized "J" and "W".

6/17/2008

Date

Jay B. Williams
Vice President

ARKANSAS DEPARTMENT OF INSURANCE
FILING CERTIFICATE

Company Name: American United Life Insurance Company
Company NAIC: 60895
Company Contact Person: Angie Riggles

Insurance Department Use Only

Analyst:

Amount:

Route Slip:

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT
LINE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

Rate/Form Filings

Life and/or Disability policy form filing and review, per
each policy, contract, annuity form, per each insurer, per
each filing. _____ x \$50= _____

Life and/or Disability - Filing and review of each rate
filing or loss ratio guarantee filing, per each insurer. _____ x \$50= _____

Life and/or Disability Policy, Contract or Annuity Forms:
Filing and review of each certificate, rider, endorsement or
application if each is filed separately from the basic form. _____ x \$20= _____

Policy and contract forms, all lines, filing corrections in
previously filed policy and contract forms. _____ x \$20= _____

Life and/or Disability: Filing and review of Insurer's
advertising per each insurer. _____ x \$25= _____

Amend Certificate of Authority

Review and processing of information to amend an Insurer's
Certificate of Authority. _____ x \$400= _____

Filing to amend Certificate of Authority. _____ x \$100= _____

RETALIATORY FEE OF \$35

STATE OF ARKANSAS

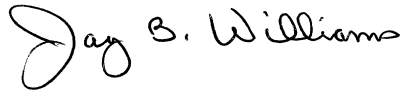
CERTIFICATION

CARRIER: AMERICAN UNITED LIFE INSURANCE COMPANY

SUBMISSION: LR-207

DATE: June 27, 2008

I hereby certify that to the best of my knowledge and belief the above submission conforms to Arkansas Regulation 19 § 10B.

A handwritten signature in black ink that reads "Jay B. Williams". The signature is written in a cursive style with a large, stylized "J" and "W".

Jay B. Williams
Name

Vice President, Compliance
Title